

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Adams, Jr. et al.
Serial No.: 10/539,890 Examiner: M.M. Patel
Filed: March 16, 2006 Group Art Unit: 2178
For: SYSTEM AND METHOD FOR ANNOTATING MULTI-MODAL
CHARACTERISTICS IN MULTIMEDIA DOCUMENTS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

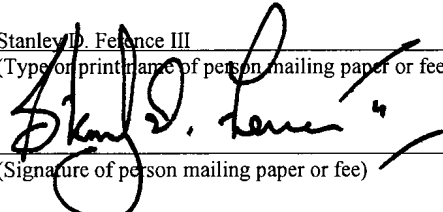
Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on January 16, 2009 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

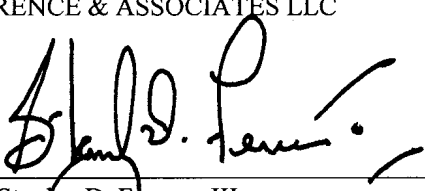
	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total	20	-	** 20	=	* 0	x	\$26	=	O	x	\$52	= 0
Claims									R			
Ind.	3	-	*** 3	=	* 0	x	\$110	=	O	x	\$220	= 0
Claims									R			
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$195	=	O	+	\$390	= 0
									R			
							<u>TOTAL</u>	= \$	O		<u>TOTAL</u>	= \$0.00
									R			

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$0.00 to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$0.00 filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: January 16, 2009

Mailing Address:

Customer No. 47049
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile